



State of Maine

Office of Substance Abuse

Prescription Monitoring Program

159 State House Station-Marquardt Building

Augusta, ME 04333

Phone: (207) 287-3363

Fax: (207) 287-4334

REQUEST FOR WAIVER OF REPORTING REQUIREMENTS FOR PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type) Use full name not initials

Name of Pharmacy or Permitted Practitioner	NCPDP Pharmacy Number	
Street Address	City	
State	Zip Code	Area Code and Telephone Number
Pharmacy DEA #		
Signature:	Date:	

Reason for waiver request: (Check one box below)

☐ The volume of controlled substances dispensed is so low that the dispenser will suffer significant economic hardship if required to report to the electronic prescription monitoring program reporting system: **(Please provide a detailed description of the reason you need the waiver and give a timeline for compliance on a separate sheet and fax it in with the form)**

☐ Other: **Please provide a detailed description of the reason you need a waiver and a timeline for compliance on a separate sheet and fax it with the form.**

For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of action
---------------	---	--------------------------------	----------------

☐ Approved with Modifications needed: